EXHIBIT A

AFFIDAVIT OF IDENTITY AND RECEIPT OF FILING

PLEASE COMPLETE SECTIONS I, II, III AND IV BELOW (Print or Type) - See Reverse Side for Important Notifications

ONLY Jurisdiction/District of Office Sought DeNot Flormwork School District Office Sought DeNot Flormwork School District Office Sought DeNot Flormwork School District Office Title: Defroit Connected and qualified to vote at the address fisted above: Street Office Title: Defroit Connected District Denot D	(Yea
Name BALER PROPE N. Birth date 1 10 years for reasons other than marriage? Yes No If yes, enter full former name within the last 10 years for reasons other than marriage? Yes No If yes, enter full former name here (See "Section A" on reverse) WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Please print upper & lower case - nicknames/fulles not permitted. See "Section C on reverse): We note that the part of	(Yea
Have you changed your name within the last 10 years for reasons other than marriage? If yes, enter full former name here (See "Section A" on reverse). WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Please print upper & lower case - nicknames/fulles not permitted. See "Sec "Section C" on reverse): Penneral Address (Street Address, City, Zip Code):	
WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Please print upper & lower case - nicknames/filles not permitted. See "Section A" on reverse): Pen	
WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Please print upper & lower case - nicknames/bitles not permitted. See "Section C" on reverse): Pen	
Residence Address (Street Address, City, Zip Code): 1324 Joliet Place (Sawe) Street Address)	
Residence Address (Street Address, City, Zip Code): 324 Joliet Place (Same) Street Address)	
1324 Joliet Place (Same) Street Address) Street Address) Cap (Cap Cap	
Super Address Company	
Super Address Company	
Phone (3/3) 655 1342 Email planter & WAC. Com Website County of Township of Precinct # (required) and Ward # (if any)	
Phone (3/3) 655 1342 Email planter & WAC. Com Website County of Township of Precinct # (required) and Ward # (if any)	
It is a properties of and ward # (if any) Precinct # (required) and ward # (if any) County of (A) (+x)€ Resident of County for H years. Resident of Michigan for H arm a citizen of the United States: It is a precinct # (required) and years. Resident of Michigan for H arm a citizen of the United States: It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (if any) It is a precinct # (required) and Ward # (i	1
County of <u>(A) (4×)€</u> Resident of County for <u>H</u> years. Resident of Michigan for <u>H</u> am a citizen of the United States:	1
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am a citizen of the United States: State States Instead above: State Instead and qualified to vote at the address listed above: State Instead	335
am registered and qualified to vote at the address listed above: 🔯 Yes 🗆 No I. OFFICE SOUGHT	
I. OFFICE SOUGHT	
Office Tille: Petroit Community School District Board Mem	
The second secon	hor
(Month) (Day) (Year) (Month) (Day) (Year) a partisan office, list political party* District/Circuit # (if applicable)	
	1000
I. FILER'S ACKNOWLEDGMENT - This filing contains the following (check all that apply):	
Nominating or Qualifying Petition's (Estimated number of signatures:	re filed
☐ Destroy petitions in	
Certification of Party Nomination and Certificate of Acceptance (if applicable)* Alfidavit of Constitutional Qualification (judicial candidates only)*	
A ADBOAYO OF CONSIDERADOR CARROLLED CONTROL CO	
Affidavit of Candidacy (incumbent judicial candidates only)*	
	January
Affidavit of Candidacy (incumbent judicial candidates only)* CAMPAIGN FINANCE COMPLIANCE STATEMENT AND ATTESTATION By signing this affidavit, I swear (or affirm) that the facts I have provided are true. I further swear (or affirm) that the facts contained in the statement of	January ment set l
Affidavit of Candidacy (incumbent judicial candidates only)* CAMPAIGN FINANCE COMPLIANCE STATEMENT AND ATTESTATION By signing this affidavit, I swear (or affirm) that the facts I have provided are true. I further swear (or affirm) that the facts contained in the statem below are true. (See Section "E" on reverse for further information.) At this date, all statements, reports, late filling fees, and fines due from me or any Candidate Committee organized to support my	January ment set f
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PLEASE COMPLETE SECTIONS I, II, III AND IV BELOW (Print or Type) - See Reverse Side for Important Notifications

OFFICE Received by Africation Office Sought Dat. Comm. Se hoel District	No. of Petition Sheets or Receipt No. 5 42 119 Date of Filing 7-13-16 CFR I.D. No.	
1. CANDIDATE IDENTIFICATION Name Sive pson Towgare (Middle)	Birth date / Z / L & S	
I WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Please print upper & lower ca		
7803 POE St (Stret Address) (Detroit 48200 (Cop) Phone (313) 288 884 Third (Cop) Website	[ZI _P]	
County of Oyne Resident of County for Years. Resident of Michigan for Years. I am a citizen of the United States: I am registered and qualified to vote at the address listed above: We have the county for Years and Qualified to vote at the address listed above: No II. OFFICE SOUGHT		
Office Title: Det, Comm, School Dist, V3 Darch Election Date of Election: Primary Election* (Month) (Day) (Year) (Month) (Day) (Year) (Note: If filing a Qualifying Pettion list "No Party Affication") Term of Office PA Regular Term Partial Term Expiring		
(Month) (Day) (Year) Judicial Candidates Only (See "Section D" on reverse)"		
III. FILER'S ACKNOWLEDGMENT – This filing contains the following (check all that apply): Nominating or Qualifying Petitions (Estimated number of signatures: Filing Fee of \$100,00 (if applicable) Certification of Party Nomination and Certificate of Acceptance (if applicable)* Affidavit of Constitutional Qualification (judicial candidates only)* Affidavit of Candidacy (incumbent judicial candidates only)*	If nominating poblions are filed: Destroy petitions in January Return petitions in January	
V. CAMPAIGN FINANCE COMPLIANCE STATEMENT AND ATTESTATION By signing this affidavil, I swear (or affirm) that the facts I have provided are true. I further swear (or affirm) that the facts contained in the statement set forth below are true. (See Section "E" on reverse for further information.) At this date, all statements, reports, late filling fees, and fines due from me or any Candidate Committee organized to support my		
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Subscribed and swom to before me on the 13 +h Name of Notary No.	COUNTY OF WATHE OF HE TO A COUNTY OF WATHE ASSIGN EXPIRES ASSIGN 21 TOWN (1410)	